Use black ink. Example A - Handwritten Example B - Typed	Florida Employers are	Department required to file quarterly to	of Reve	enue Empl	oye	r's	Qua	arte	rly	Re	po	rt
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QUARTER ENDING DUE DATE	PEN	IALTY AFTER DATE	TAX RATE		UT AC	COUNT	NUM	BER		_ K	. 01	/04
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				Do not make any						_		,
				changes to the pre-printed	F.E.I. I	NUMBE	к 7 Г			٦٢		٦
				information on this form. If changes					ШL	JL		
				are needed, complete the								
				enclosed Employer Account	FOR C	FFICIAI	USE	ONLY P	OSTMA	RK DA	ATE	\neg
				Change Form (UCS-3).		/	Ш	/				
	_			 	— u	S Dolla	ars –			 	Cen	ıts
7707		2. Gross Wages Paid This C (Must be same as item 1)] [
		3. Wages Paid This Quarter	in Excess of		╡╹┝		吕'		ᆛ늗	」• L] [! 	
		\$7,000 Per Employee Thi 4. Taxable Wages For This (┤• ├		닏,	,	ᆜ늗] . [<u> </u>	Ш
		(Item 2 minus item 3)	addi toi		J , L		Ш,	, <u> </u>].[
Enter the total number of full-time and part-time covered work services during or received pay for the payroll period including	ters who performed	5. Tax Due (Multiply item 4 by Tax R	ate)]_[
	•	6. Penalty Due (See instructions)			 		\sqcap			֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		$\overline{\Box}$
1st Month		7. Interest Due			╡╸┝		片:			J • L] [
2nd Month		(See instructions) 8. Total Amount Due			ͺ ,∟	Щ	⊨,	, <u>U</u> ļ	<u> </u>] . [<u> </u>	Щ
3rd Month		Make check payable to: Fl			J,L		Ш,	, <u>U</u> l].[
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9. EMPLOYEE'S SOCIAL SECURITY NUMBER	10. EMPLOYEE'S NAME* *please print first eleve	en characters of last name ir	n boxes	11. EMPL PAID	OYEE'S THIS QL			ES				
	<u> </u>		F:									
	Last Name		First Midd	I	— u	S Dolla	ars –			 	Cen	ıts
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Use Reverse Side For	12. Total Gross Wages This				╡•		片'] [
Additional Employees and Signature.	12. Total Gross Wages This	s raye			」, ∟		⊔,	الار	_ _	J•l		Ш
	13. Total Gross Wages All F] [
	(Must be same as item	2 - Gross Wages)			_ ,		O NO					
Emr	oloyer's Quarterly	Report (UCT-6)	Pavment	Coupon		DE	TACI	1			UC	T-6
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Florida Department of Revenue Employer's Quarterly Report Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

UCT-6 R. 01/04

0123	456789 01234567 8										
QUARTER ENI	DING EMPLO	YER'S NAME	UT ACCOUNT NUMBER								
9. EMPLO' SOCIAL	YEE'S . SECURITY NUMBER	EMPLOYEE'S NAME* *please print first eleven characters of last name	11. EMPLOYEE'S GROSS WAGES PAID THIS QUARTER								
		Last Name	First Middle Initial Initial US Dollars Cents								
	<u> - - </u>										
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		12. Total Gross Wages This Page (include in lines 2 and 13 on page 1)									
I certify the information contained on this report is true and correct and no part of the unemployment tax was, or is to be deducted from the employee's wages.											
Sign here (Must be an original signature.) Date Title											
Paid	Preparer's signature	Date	Preparer Preparer's social security number or PTIN number check if self-employed								
preparers only	Firm's name (or yours if self-employed) and address		FEIN ZIP Preparers phone number ()								
	·										

DO NOT DETACH

Mail Reply To:

Unemployment Tax Florida Department of Revenue 5050 W. Tennessee St. Tallahassee, Florida 32399-0180